

Mr and Mrs J C Walsh

# Ambleside

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Ambleside is a residential care home providing personal care to people aged 65 and over, some of who live with dementia. Ambleside can accommodate 18 people in one adapted building. At the time of the inspection 16 people lived there.

### People's experience of using this service and what we found

Improvements had been seen across the service since our last inspection. The registered manager worked alongside the management team to continue to embed new ways of working and there were plans in place for the service to continue to develop. A number of new systems to monitor and improve people's experience of receiving care had been introduced however, they were in their infancy and required further development and time to become fully effective.

People told us they felt safe living at Ambleside. The management team were focused on making improvements and involving people. Staff worked regularly and closely with other stakeholders to ensure a safe and effective service was delivered.

People were protected from the risk of infection as appropriate measures had been taken. Risk management tools were used to identify and manage risks to people. There was a pleasant atmosphere in the home, where people's privacy and independence was respected.

People received individualised care from safely recruited staff that were trained, supported and knowledgeable. People's needs were assessed on a regular basis and care adapted to meet any changing needs. People received their medicines as prescribed and their health and nutritional needs were met.

The provider worked with healthcare professionals to provide effective care to people and people had access to professionals such as a GP. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care was reviewed on a regular basis which helped to ensure their needs were met. There was a program of activities within the home and provision for activities in the community had improved.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 6 November 2018) and there were three breaches of regulation. The provider had failed to operate effective quality monitoring systems. The provider had failed to effectively manage risks in relation to the environment and people's health and safety. The provider had failed to plan care and treatment to meet people's needs and preferences. The provider

completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Please see our safe findings below

### Is the service effective?

Good ●

The Home was effective.

Please see our effective findings below.

### Is the service caring?

Good ●

The service was caring

Please see our caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Please see our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

Please see our well-led findings below.

# Ambleside

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Ambleside is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and seven members of staff including the registered manager, operations manager, quality manager, a team leader, a senior carer and two care staff. We

reviewed a range of records. This included five people's care records and the services medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including quality monitoring audits and maintenance records were reviewed.

After the inspection

We sought and received feedback from a local authority commissioner and the relatives of two people.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and staff told us the service was safe. One person told us "I feel very safe living here." A member of staff told us, "I know I have to keep residents safe. I would report any concerns to the team leader or the manager. If the person was hurt I would call an ambulance."
- There were systems and processes in place to protect vulnerable people from the risk of abuse. Staff received training in safeguarding vulnerable adults and were able to describe steps they would take to identify and report potential abuse.
- Safeguarding incidents were reported to appropriate stakeholders and investigated in line with the provider's safeguarding policies and procedures.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to keep the premises and environment clean and properly maintained and protect people from potential risks arising from this. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Following our previous inspection, the service had completed a full refit of the carpets and flooring throughout, meaning the environment was now safe.
- Risks to people were appropriately assessed and monitored. Risk assessments were person-centred and reviewed regularly, and staff used nationally recognised tools such as the malnutrition universal screening tool (MUST) and a falls risk assessment tool to assess and reduce risks to people.
- The service had a system of ensuring equipment was safe to use. For example, the service had ensured all adjustable beds and hoisting equipment had been serviced every 12 months.

Using medicines safely

- Medicines were managed safely so people had these as prescribed. The medicine administration records [MARs] were used by staff to record when people were supported with medicines.
- The provider's medicines policy guided staff to ensure people's medicines were administered in line with their individual needs.
- Staff were assessed as competent in medicines management before they supported people.

Staffing and recruitment

- The provider's recruitment process was robust to ensure skilled and experienced staff were employed at the service. Pre-employment checks were completed on staff before they came to work at the service. The checks included conduct in previous roles, right to work in the UK, proof of identity and a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services.
- There were enough staff on duty. The registered manager used a dependency tool to monitor the amount of staff who were required to meet people's needs.

#### Preventing and controlling infection

- Effective cleaning practices were in place. The home was visibly clean and tidy throughout.
- Staff had received training in infection control practises.
- There was an adequate supply of personal protective equipment (PPE) to help minimise the risk of cross infection.

#### Learning lessons when things go wrong

- The provider had a process in place to ensure lessons were learnt when things went wrong.
- The registered manager carried out checks on falls and incidents to learn lessons and prevent reoccurrences.
- Where concerns had been identified to managers they ensured there was a thorough investigation and made changes to prevent reoccurrence. For example, the operations manager had changed the handover processes to provide a clearer picture of the support provided by the night staff following a complaint.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated as Requires Improvement. At this inspection, this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences had been assessed before they moved into the home. Assessments included people's care and support needs, personal preferences and life style choices. This enabled the registered manager to make an informed decision as to whether the service could meet each person's individual needs. A relative told us "The service was very supportive when [name of person] moved from respite care into full time care at the home."
- Peoples assessed needs were met. For example, one person with dementia had a memory box in their room so staff could assist them to remember things about their life. Another had an emotional distress plan so staff could support them when they became anxious.
- The operations manager was aware of new guidance around dental care and had ensured an oral health assessment tool had been completed for each person. This ensured staff knew about and could meet peoples individual dental hygiene requirements.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained and had a mixture of skills and experience to meet people's needs. Records we reviewed in relation to training confirmed staff were fully up to date with their training.
- Where the home had employed staff who were new to care, their induction included training to achieve the Care Certificate and plans were in place for them to complete this in line with the providers expectations. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care. A staff member new to the service told us, "I have had training in food, infection control, fire awareness, equality and diversity, dementia training and safeguarding and am working to finish my care certificate."
- All members of staff had received specific training in the care of people with Dementia. A staff member told us, "I have had training around dementia that explains its cause, the different types and behaviours that could be linked with dementia and how to support people to cope with this."
- Staff had been trained and were confident in managing peoples oral health. A member of staff told us, "The way you approach people with dentures and their own teeth need to be considered differently. For example, you shouldn't let people with dentures wear these to bed. If people have teeth you need to know what sort of brushes they use, toothpaste they like and use. At the end of the day oral health is about person centred care. It's about what's important to people. It helps people feel as normal as anybody else."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs had been assessed and guidance was provided in care plans for staff about how to encourage people to maintain a healthy diet. For example, one person required a soft diet, and their daily records showed they received this.
- Staff were aware of people's individual dietary requirements and risks of poor nutrition and hydration. The cook was aware of people's individual dietary needs and provided alternative meals should a person need this.
- During an observation of a mealtime we saw that meals were well-presented. When asked, people provided positive feedback about the food. One person told us, "The food is fine. We can always ask for something different if we want to." Another said, "The food is fine, the beauty about it is that you don't have to cook it yourself."
- The dining environment was relaxed and provided an opportunity for people to socialise if they wished.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- When needed, referrals were made to health professionals in a timely way for their specialist advice. People were supported to medical appointments when required.
- The service had worked alongside local authority commissioners to improve outcomes for people. Feedback we received from the local authority was positive. Comments included "My colleague and I both felt that [name of person] was eager to make further improvements to the home's documentation and support staff in developing their skills in recording meaningful notes."
- District nurses visited the home regularly to support people with pressure area care and any nursing procedures. When people had diagnosed medical conditions, information regarding this was available in people's care files. This helped staff have knowledge of the condition and an understanding of how it may impact on the person, to be able to effectively support them.

Adapting service, design, decoration to meet people's needs

- The home had been recently been refurbished with new carpet, hard flooring, curtains and furniture.
- Rooms were personalised and reflected the individual, with photographs and pictures. One person who required longer periods in bed had been provided with additional stimulation. The operations manager had purchased a sensory picture with lights and movement and had ensured this was placed at the foot of the bed where the person could see it when lying in bed.
- A lift was available to help people reach all floors of the home. Bathrooms had been adapted to help ensure all people could access them.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been made appropriately and staff were aware of the authorisations in place. A system was in place to manage the authorisations, to ensure they were reapplied for before they expired.
- When able, people's consent to their care had been sought and recorded.

- There were systems in place to assess people's capacity to make decisions and record decisions made in their best interest when they lacked capacity.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported to maintain any cultural or spiritual aspects of their lives. For example, one person had been encouraged to write an overview of his beliefs so staff could understand how to support them.
- People and relatives told us staff were caring. One relative told us, "I'm very pleased with the way they look after my mum." Another said, "Staff are very caring and friendly." A person told us, "I can't see very well but I know they are caring by the tone of their voice."
- We saw that there was a caring ethos amongst staff. A staff member told us, "I left my job in a supermarket to work in care. I want to help others. After the death of my own parents I wanted to help care for others and it brings me peace. Our observations confirmed staff had a caring approach. During one observation we saw how one member of staff supported a person with walking. They Supported the person to walk at their own pace with gentle encouragement and the stroking of the persons arm and hand.
- Feedback from the local authority commissioners was positive. They told us, "I found Ambleside homely and welcoming. The home had many longstanding members of staff who knew the residents and their family/friends really well."

Supporting people to express their views and be involved in making decisions about their care

- Staff interacted with people in a kind and caring manner and responded in a way that people understood. During a mealtime, one resident asked for more gravy and this was provided. The person responded, "That will do nicely, thank you."
- People made decisions about their daily lives and care, were listened to and supported. Staff understood the importance of people's wishes and choices being respected.
- Care plans contained information about how to involve people in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff had received personal care training delivered by external trainers and demonstrated a good understanding of this when questioned. One staff member told us, "Staff must use a towel when washing to keep peoples dignity."
- People were encouraged to be independent where this was possible. Care plans detailed what level of support each person needed and what aspects of their care they could complete themselves.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question had improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure the care and treatment provided to people met their individual needs. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's needs were assessed, and they had individual plans of care which included information about their preferences and preferred routines.
- At the front of the supplementary files in people's rooms, was a pen picture of their primary needs and what was important to them. This ensured all staff, especially any new staff, had immediate access to important information that would enable them to respond appropriately to each person's individual needs. One new staff member told us how they used this information to support a person. They explained, one resident really likes the colour red. This means I can support her by giving her a piece of bread with red jam on it to help her eat. Squash and drinks we give her are red to ensure she drinks well."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During our visit we saw people taking part in a steel drum session. People were actively engaged by clapping, others had turned their chairs so they could see and hear better. We saw that the activity encouraged physical movement, mental stimulation and social engagement.
- Activities were inclusive. One person who could not see was supported to access activities in the same way as others. This included visits to external activities such as a visit to a Cathedral and a wildlife park.
- People were offered opportunities for meaningful occupation based on their interests and hobbies. For example, people were asked during meetings what they wanted to do and this was then arranged. The service was establishing links with the local community. People enjoyed visits by the local school children and some of the homes neighbours had attended a recent garden party.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's sensory needs were assessed and recorded in their care plans. This included what equipment they needed to enhance their ability to communicate. For example, whether they needed spectacles to read or hearing aids, so they could better understand what was being said to them.
- Staff communicated with people in a patient way. Some people at the home were living with Dementia and we observed staff responding to people in a calm, patient and reassuring way.
- The operations manager was working to improve ways of presenting information to people in way they could understand. For example, a new notice board with a large display had been created in the homes main corridor.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints process which was available to people and visitors to the home. The process signposted people to other organisations if they felt any complaints had not been responded to appropriately.
- People and relatives told us they felt comfortable raising any concerns and these would be dealt with.
- There had been three complaints in the 12 months prior to our visit. These had related to laundry or communication issues and had been responded to through meetings and discussions with peoples friends and relatives.
- The operations manager had recently responded to a safeguarding concern. The operations manager told us how they had met with the person raising the concern, discussed this with the safeguarding team and kept the persons social worker informed. As a result of the meetings the operations manager had amended the daily notes to better reflect the care provided by staff.

#### End of life care and support

- People received end of life care in accordance with their wishes. Managers told us the staff gathered specific information about people's end of life preferences and wishes to ensure they could meet these at the appropriate time.
- Staff worked with local health care professionals to ensure people remained in the care home, if this was their wish, and to ensure they had a peaceful and comfortable death.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to have robust quality assurance systems in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- During this inspection we found improvements had been made by the provider, however we need to see these improvements sustained. For example, there were not always clear plans in place to ensure that quality assurance tasks would continue if the staff member allocated to complete these tasks was away on leave or was ill.
- We saw some examples of where some positive learning had taken place in response to a complaint. This showed the service was willing to improve.
- The provider had a comprehensive set of policies and procedures. We saw these reflected current legislation and good practice guidance. These were made available to staff via paper copies held in the offices.
- The registered manager worked to ensure the effective day-to-day running of the service. There were arrangements in place with the senior staff, for the running of the service, when the registered manager was not present at the home.
- The management team held regular meetings and discussed any accidents and incidents and ways of further improving the standards of care. The management team all understood the duty of Candour and described how they were open and honest with people or their families, when something went wrong and had caused or could lead to significant harm in the future.
- The registered manager submitted any required notifications to CQC in a timely way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were positive about their work. One said, "I love the people at the home. We are a big family. If I need

help the manager and staff always offer me support."

- People had opportunities to be involved in developing the service. We saw people and their relatives had completed a quality assurance questionnaire. Feedback was summarised, and action was taken where people made suggestions. Comments from these questionnaires included, "I am delighted with the care from Ambleside." And "I think we were very well looked after."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- People had the opportunity to provide feedback through questionnaires and resident meetings. Topics discussed at these meetings included, menu planning, activity provisions and an opportunity to raise any concerns.

Working in partnership with others

- The service worked closely with key organisations such as the GP practice, district nurses and other health professionals. The operations manager was building links within the local community to ensure good outcomes for people.
- The registered manager took on board issues raised by other services such as the local authority and clinical commissioning group.